

CHRISTINE O. GRÉGOIRE
Governor



OFFICE OF THE GOVERNOR

P.O. Box 40002 ♦ Olympia, Washington 98504-0002 ♦ (360) 902-4111 ♦ Fax 360 753-4110

Message from Governor Gregoire

Thank you for your interest in serving on a Washington State board or commission. Boards and Commissions are designed to give citizens a voice in their government and provide a means of influencing decisions that shape the quality of life for residents of our state. Participation on a board or commission is an effective way for individuals to help make government more responsive to its citizens.

Washington State has over 200 boards and commissions to which I appoint citizen members. Appointees are responsible for advising the governor, the legislature and state agencies. In some cases, a board or commission may be responsible for setting state policy and determining how the state's limited resources should be divided. I take great pride in appointing qualified, responsible members who reflect the diverse lifestyles of our state and who hold a strong belief in the public process.

Please complete the attached Application for Gubernatorial Appointment to a Board or Commission and return it, with a current résumé, to my Olympia office. Once your application has been received, my staff will notify you of the status of your application.

Again, thank you for your interest. Your willingness to serve the citizens of our state and to play such an important role in state government is deeply appreciated.

If you have any questions, please contact Gayatri Eassey, Governor's Special Assistant for Boards and Commissions, at (360) 902-4111.



STATE OF WASHINGTON
OFFICE OF THE GOVERNOR

APPLICATION FOR GUBERNATORIAL APPOINTMENT TO A BOARD OR COMMISSION

This form can be obtained electronically at <http://www.governor.wa.gov>, or by calling the Governor's Office at: (360) 902-4111.

Please return your completed application along with your resume to:

Office of the Governor, PO Box 40002, Olympia, WA 98504-0002 or fax to: 360 753-4110

Board(s) or Commission(s) for which you would like to be considered:

Name: _____

Business Contact Information

Business
Address: _____

County: _____

Business Phone: _____

Business Cell: _____

Business Fax: _____

Business E-mail: _____

Home Contact Information

Home
Address: _____

County: _____

Home Phone: _____

Home Cell: _____

Home Fax: _____

Home E-mail: _____

May we contact you via e-mail regarding the status of your application? ☐ Yes ☐ No

How may we best
contact you?

- ☐ Business Phone
☐ Business Cell
☐ Home Phone
☐ Home Cell

Are you registered to vote in Washington State? ☐ Yes ☐ No

Legislative
District of
which you
reside: _____

Congressional
District of
which you
reside: _____

Birth Date: ____/____/____

*Your Legislative and Congressional District can be found on your Voter Identification Card

Have you ever been convicted of or found to have committed a crime or offense? (Do not include traffic offenses for which the fine was less than \$200.) ☐ Yes ☐ No

If "Yes," please attach an explanation to this application.

Education (high school, name and location of college or university, year graduated, and degree):

Current employment (job title, employer, employment date, contact, phone):

Licenses held (if applicable):

Professional References (name, title, relationship, contact phone number):

1)

2)

Personal References (name, title, relationship, contact phone number):

1)

2)

Previous employment or experience:

Memberships in professional, civic organizations or government boards or commissions (please include offices held and dates of terms):

Community service/volunteer activities:



Could you or any member of your family be affected financially by decisions made by the board or commission for which you are applying? ☐ Yes ☐ No

If "yes," explain:

Boards and Commissions meetings are held during the day. Are you able to come prepared and actively participate in day meetings?

☐ Yes ☐ No

Why do you want to serve on this particular Board or Commission(s)? Please attach your explanation to this application.

Personal Information:

☐ Female ☐ Male

Of what race or ethnicity do you consider yourself to be?

☐ Black/African-American

☐ Asian or Pacific Islander American

If you are Asian or Pacific Islander, please check one box below:

☐ Chinese

☐ Vietnamese

☐ Filipino

☐ Asian Indian

☐ Korean

☐ Japanese

☐ Other: _____

☐ White/Caucasian

☐ American Indian or Alaska Native

If you are American Indian or Alaska Native, please check one box below:

☐ Eskimo

☐ Aleut

Enrolled or principal tribe if American Indian:
Tribe: _____

☐ Latino(a), Hispanic, or Spanish?

If you are Latino(a), Hispanic, or Spanish, please check one box below:

☐ Mexican, Mexican-American, Chicano

☐ Puerto Rican

☐ Cuban

☐ Other Latino(a), Hispanic, or Spanish

Enter group, such as Colombian, Dominican, etc.

Group: _____

☐ Other Race: _____

Do you have a permanent physical, sensory, or mental condition that limits your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, and learning? ☐ Yes ☐ No

If "Yes," please attach an explanation to this application.

Have you ever been on active duty in the U.S. Armed Forces? ☐ Yes ☐ No

If "Yes,"

Type of Discharge _____

Branch of Service _____

Campaigns _____

Are you a citizen of the United States? ☐ Yes ☐ No

The above information is optional and not necessary to complete your application.

I hereby authorize that my criminal record history and tax records be released to the Governor or the Governor's representative and certify that the information provided in this application is true, correct and complete to the best of my knowledge.

Signature: _____